Approved for use incomp 7/3 1/3013. CMB 6841-0601

U.S. Petend and Trechment Office; U.S. CZPARTNEHT OF COMMINGE

U.S. Petend and Trechment Office; U.S. CZPARTNEHT OF COMMINGE

U.S. Petend and Comminger of the comminger of the comminger of the committee of the

PATENT APPLICATION FEE DETERMINATION RECORD Subakkus for form PTO-876 Effective December 8, 2004							10/740.703		
APPLICATION AS FILED - PART ((Column 1) (Column 2)				⇒e _q .	SMALL ENTITY			OTHE SMALL	r than Entity
· FOR	HUMBER FILED	NUME	NUMBER EXTRA		RATE (5)	FEE (8)] .	RATE (8)	1
BASIC FEE (37 CFR 1.16(0), (b), or (c))	NA		RVA.		NA	180.00	1	N/A	300.00
SEARCH FEE (3) CFR 1 18(4), (1, or (m))	- N/A		N/A.		· N/A	\$250		N/A	\$500
(3) CFR 1.140, (p) & (0)	N/A	1	N/A .	•	N/A	\$100	1	NA	8200
TOTAL CLAUMS (ST CER 1.16(1))	minus 2	0 a			XS 25 .	}	, OR	X850 .	-
INDEPENDENT CLAIMS (37 CFR 1.16(N)	minus:	, .			X100 .			X800 °	-
APPLICATION SIZE FEE (37 CFR 1.16(a)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II)					♦180 ≖			4360 =	
. If the difference in column 1 is less than zero, enter "O" in column 2.				`	TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL E	ИПТҮ	OR	OTHER SMALL	THAN ENTITY
X SIND RE	CLAIMS MAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT. EXTRA		RATE (1)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADOI- TIONAL / FEE (1) /
D Independent	3 Minus	<u>"31</u>			X\$ 25 _		OR	X\$50 _	. /.
Total Direct Lieun Application Size Fee		··· 3].	X100 =		OR	X200 _	
Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)					+180=	_/_	· I	+360=	-/
the state of the s				J (TOTAL	-{	OR [TOTAL	
(0)					ADD'L FEE	_	OR .	ADD'L FEE	
co RE	Aumn 1) LAIMS MAINING V:TER CHOMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (8)		RATE (\$)	ADDI- TIONAL
Total CONTROLLEGIO	Minus	••	# .		X\$ 25 .		OR	X\$50 .	FEE (8)
Total Total Or orn (.1au) Independent (p) or orn (.1an) Application Size Fee	Minus	014	#		X100 "		OR I	X200 _	
Application Size Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)					÷180=		OR	+360=	
					TOTAL, ADD'L FEE		OR .	TOTAL ADD'L FEE	
If the entry in column to the Highest Number	1 is less than the entry r Previously Paid For I	in column 2, will N THIS SPACE I	s lass than 20,	ą. onte	r "30 ".		•		

"If the Highest Number Previously Paid For IN This SPACE is less than 30, enter "30".

The Highest Number Previously Paid For IN This SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain in retaining a bargetly by the public which is to lite (and by the USPTO to process) as explication. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completed." Including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the Individual case. Any comments on this amount at this you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tradement Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Control stores for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.